

PART B - FEE(S) TRANSMITTAL

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7590 05/07/2003

CROWELL & MORING, LLP
Intellectual Property Dept.
P.O. Box 14300
Washington, DC 20044-4300



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,514	03/07/2002	Fumio Tajima	381NP/48224CO	1645

TITLE OF INVENTION: ELECTRIC VEHICLE AND ROTARY ELECTRIC MACHINE HAVING A DIVIDED ROTOR CORE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	08/07/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, TRAN N	2834	310-261000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Crowell & Moring LLP
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi, Ltd.

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
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 Advance Order - # of Copies 5

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 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).

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Jeffrey D. Sanok *8/7/03*
(Authorized Signature) (Date)

Jeffrey D. Sanok, Reg. NO. 32,169 8/7/03

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01 FC:1501	1300.00	OP
02 FC:1504	300.00	OP
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